

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007741

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 21

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED MAR 4 1963

| | | | |
|--|---------------------------|---|------------------------------|
| 1. PLACE OF DEATH a. COUNTY Morgan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Moniteau | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Versailles | | Length of stay in 1b 2 years | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kidwell Rest Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. STREET ADDRESS General Delivery | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Ella Middle Manie Last Cooper | | 4. DATE OF DEATH Month February Day 24, Year 1963 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/3/1884 |
| 9. AGE (last birthday) 78 | | IF UNDER 1 YEAR IF UNDER 24 HR Months 10 Days 21 Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | |
| 11. BIRTHPLACE (City and state or country) Calhoun, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Alexander Wyatt | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE none | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Mrs. Norman Reed, California, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i> DUE TO (b) <i>Cerebral Thrombosis</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH 3 days 2 weeks | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION Versailles, Mo. | | COUNTY STATE | |
| 21. I attended the deceased from Death occurred at Feb. 1962 to Feb. 24/1963 and last saw her alive on Feb. 24/1963 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Deceased's title) Jack Green | |
| 22b. ADDRESS Versailles, Mo. | | 22c. DATE SIGNED 2/26/63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Feb. 26, 63 | |
| 23c. NAME OF CEMETERY OR CREMATORY Latham Cemetery | | 23d. LOCATION (City, town, or county) Latham, Missouri | |
| 24. FUNERAL DIRECTOR Bowlin Funeral Home, California, Mo. | | 25. DATE RECD. BY LOCAL REG. 2-28-63 | |
| 26. REGISTRAR'S SIGNATURE H. H. Smith | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Raymond C. Larkin

Licensed Embalmer No. 4626

P. O. Address Usuals, mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.